



FILING OF STATE CERTIFIED CONTRACTORS

Please complete the following form and return **ORIGINAL** to St. Lucie County Contractor Licensing:

1. BUSINESS ENTITY

BUSINESS NAME	
COMPLETE BUSINESS ADDRESS	
BUSINESS PHONE	
BUSINESS FAX	

2. LICENSED QUALIFIER

NAME	
COMPLETE HOME ADDRESS	
HOME PHONE	
E-MAIL ADDRESS	
DRIVER'S LICENSE #	

3. Provide a Certificate of Insurance for Workers' Compensation and General Liability directly from the Insurance Company with the certificate holder address reflecting as follows:

St. Lucie County Contractor Licensing
2300 Virginia Avenue
Fort Pierce, FL 34982

4. Provide a copy of your Certification issued by the State of Florida.
5. Provide a \$25.00 annual Filing Fee payable to: St. Lucie County. This Filing Fee is due on or before August 31st every year.
6. Please make sure that the Business Entity Name, Workers' Compensation/Liability "Insured" Name, and the State License Name all match **EXACTLY**.
7. Licensed qualifier must be present and ID is required for record keeping purposes. Signature must be notarized in the area provided below at our office.
8. Provide a copy of license holder's driver's license.

If you have any questions, you can contact us at (772) 462-1673 or (772) 462-1672. Our fax number is (772) 462-1148.

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as identification.

Licensed Contractor Signature

Signature of Notary